

SERIAL NUMBER 09/476,708	FILING DATE 12/30/99	CLASS 705	GROUP ART UNIT 2764	ATTORNEY DOCKET NO. GEMS:0036-1/		
APPLICANT	IANNE MAE HOWARDS KORITZINSKY, GLENDALE, WI; JOHN AURTHUR REICH, WAUKESHA, WI.					
	**CONTINUING DOMESTIC DATA***** VERIFIED <u>NDR</u> Cont of 09/199,507, now U.S. Pat. 6,272,469					
	**371 (NAT'L STAGE) DATA***** VERIFIED <u>None</u> <u>NDR</u>					
	**FOREIGN APPLICATIONS***** VERIFIED <u>None</u> <u>NDR</u>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/10/00						
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 17	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged	<u>NDR</u> Examiner's Initials	<u>NDR</u> Initials				
ADDRESS	PATRICK S YODER 7915 FM 1960 WEST SUITE 330 HOUSTON TX 77070					
	IMAGING SYSTEM PROTOCOL HANDLING METHOD AND APPARATUS					
TITLE						
FILING FEE RECEIVED  \$690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Bib Data Sheet

CONFIRMATION NO. 8181

SERIAL NUMBER 09/476,708	FILING DATE 12/30/1999  RULE	CLASS 705	GROUP ART UNIT 3625	ATTORNEY DOCKET NO. GEMS:0036-1/
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## APPLICANTS

IANNE MAE HOWARDS KORITZINSKY, GLENDALE, WI;

JOHN AURTHUR REICH, WAUKESHA, WI;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/10/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WI	SHEETS DRAWING 17	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

PATRICK S YODER  
7915 FM 1960 WEST  
SUITE 330  
HOUSTON , TX  
77070

## TITLE

IMAGING SYSTEM PROTOCOL HANDLING METHOD AND APPARATUS

FILING FEE  RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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